



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 287-3424

____ **AGENCY LIQUOR STORE RENEWAL \$300.00**

____ **RESELLING AGENT - \$50.00**

CHECK PAYABLE: TREASURER STATE OF MAINE

PRESENT LICENSE EXPIRES _____

BUREAU USE ONLY

License No. Assigned:

Class:

Deposit Date:

Amount Deposited:

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.)	2. Business Name (D/B/A)
DOB:	
DOB:	
DOB:	Location (Street Address)
Address	City/Town State Zip Code
	Mailing Address
City/Town State Zip Code	City/Town State Zip Code
Telephone Number FAX:	Business Telephone Number FAX:
Federal I.D. #	Seller Certificate #

3. Is applicant a Corporation, Limited Liability Company or Limited Partnership? Yes ____ No ____
If answer is "yes", complete **Supplementary Questionnaire**.

4. Have any changes occurred in Ownership, Partnership or Corporate structure since last renewal? Yes ____ No ____

5. List current annual dollar sales of: **Retail SPIRITS sales ONLY:** \$ _____

Wholesale (sales to other licensees only) sales: \$ _____

6. List current on-hand inventory of spirits, in dollars: \$ _____

7. Basic Federal Permit # _____ Federal Tax Stamp EIN # _____ Tax Year 20 _____

Dated at: _____ on _____, 20 _____
Town/City, State Month/Day

Signature of Individual(s) or Duly Authorized Officer of Corporation or, if Partnership, by Member

NOTE: I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2000, or by both.